

MANHATTAN SCHOOL OF MUSIC
PRECOLLEGE DIVISION

CHANGE OF TEACHER REQUEST FORM
(Please Print)

NAME _____ DATE _____

Complete Address _____

Phone Number _____ E-mail _____

Student ID# _____ Primary Instrument _____

STEP 1 Current Teacher's Name _____

Length of study with this teacher (Number of semesters or years) _____

Number of lessons you have had with your current teacher this semester _____

Current Teacher's Signature (optional) _____

(If not signed by current teacher, date on which you informed your current teacher _____)

STEP 2 Requested Teacher's Name _____

Requested Teacher's Signature _____

STEP 3 I confirm that the above information is correct. I have contacted my current teacher to inform him/her that I will no longer be his/her student.

Parent's Signature _____ **Date** _____

Student's Signature _____ **Date** _____

Please note: We encourage students who are contemplating a primary teacher change to discuss their concerns with their current primary teacher and/or the Director of the Precollege Division, to ensure that the change of teacher is in the best interest of the student.

RETURN FULLY EXECUTED PETITION TO PRECOLLEGE OFFICE

Approved: YES ___ NO ___

By: Dr. Joanne Polk _____ Date _____

Effective date of Change of Teacher: _____